

NEWBORN SCREENING REQUEST PARTICIPATION FORM

NSQAP offers dried-blood spot (DBS) products in two categories: (1) proficiency testing and (2) quality control (QC). The CDC QCs are to be used externally to your kit/primary QCs at periodic intervals. The CDC QCs should not be used as routine daily QCs.

There is no cost for the DBS products; however, you must report requested data to NSQAP so that you can remain in active status and continue to receive products.

Please mark the circle ☐ to request products.

DBS Proficiency Testing Panels		DBS Quality Control Materials	
<input type="radio"/>	Hormones + Gal (T4, TSH, 17-OHP, TGal)	<input type="radio"/>	Thyroxine - T4
<input type="radio"/>	Biotinidase Deficiency	<input type="radio"/>	Thyroid-stimulating Hormone - TSH
<input type="radio"/>	Galactose-1-Phosphate Uridyltransferase Deficiency (GALT)	<input type="radio"/>	17 alpha-hydroxyprogesterone - 17-OHP
<input type="radio"/>	Amino Acids (Phe, Leu, Met, Tyr, Val, Cit)	<input type="radio"/>	Total Galactose - Gal
<input type="radio"/>	Acylcarnitines (C3, C4, C5, C5DC, C6, C8, C10, C14, C16)	<input type="radio"/>	Amino Acids (Phe, Leu, Met, Tyr, Val, Cit)
<input type="radio"/>	Cystic Fibrosis (IRT, DNA)	<input type="radio"/>	Acylcarnitines (C2, C3, C4, C5, C5DC, C6, C8, C10, C14, C16)

Please send complete Contact Information (print legibly or type):

Contact Person: _____

Title: _____

Name of Organization: _____

Manufacturer/Distributor of newborn screening test products? ☐ Yes ☐ No

Street Address: _____

City, State and Zip Code: _____

(If an International Lab, please indicate City, State or Province, Country, Postal Code)

Voice Telephone: _____

Fax Number: _____

E-mail: _____

Please return your completed form by fax or mail to:

Fax Number: (770) 488-4255

OR

Newborn Screening Quality Assurance Program
Centers for Disease Control and Prevention
4770 Buford Highway N.E., Mailstop F-43
Atlanta, GA 30341-3724 USA